OHIO DEPARTMENT OF HEALTH PERMIT TRANSMITTAL FOR PRIVATE WATER SYSTEMS

Fees submitted for the Private Water Systems Program by the Board of Health as per Sections 3701.344, 3701.347, and 1521.05 of the Revised Code and Section 3701-28-06 of the Administrative Code. Fees and forms must be submitted as required in section 3709.092 of the Revised Code.

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Name of realm District:	//E/GS	COUNTY	~~~~~~~~~~ ~
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Ohio Department of Health State Fee

Number	Amount	Туре
3	x \$ 74.00	New Installation Permits
0		Alteration Permits
0	x \$ 0.00	Sealing Permits
3	\$ 7 7 7 00	Total ODH State Fee amount accompanying this
	form how how i	report

Ohio Department of Natural Resources State Fee

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	Number	Total Amt Collected	LHD Retained	Submitted ODNR,Amt	Туре	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	3	8 '	x \$2.00		New Installation Permits requiring a well log	-
,		\$60.00	\$ 6.00	s FU 00	Total ODNR State Fee amount accompanying this report	document

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Ritariana da Romania da Cara de Cara d	h Chapter 3701-28 of the Ohio Administrative Code and that permits
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were issued. Date From: 4/1/14	Date To: 6/30/14
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Signature of Health Commissioner

Date

State Of Ohio

OHIO DEPARTMENT OF HEALTH

Receipt #: 00505234

GENERAL RECEIPT

Batch #: 15-1664

Received For: MEIGS COUNTY AUDITOR

Date Received: 9/5/2014

From: MEIGS COUNTY AUDITOR

Check #: 302540

Amount: \$222.00

For: PRIVATE WATER SYSTEMS

Received By: Glen Hess

HEA 5435 (REV 06/2011) Ohio Department of Health

^{**}If state fees are not collected or permits are not issued during the above referenced quarterly time periods, transmittals and reports must still be submitted by the above referenced submittal date.

OHIO DEPARTIMENT OF HEALTH PRIVATE WATER SYSTEMS PERMIT REPORT

Name of Health District NE 165 Cou	METUS COUNTY			D		Quarter /	
Contact Person	on	Phone #	Date From		Date To	o i	
STENE	STEVE SWATZEL	1874 4781	7	ナ		7 8	==100000000000000000000000000000000000
Audit	System Owner	System Address (include street number, street name, direction,		Source	å.		
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Source Code		4. Cistern 5. Hauled Water Storage Tank 6. Combination of systems including a well	i solox		TOTALS:	0.49 \$ 0.772\$	25 E
7. Combination or	7. Combination of systems not including a well 8.	8. Conversion of a well not previously approved as a PWS into a PWS		9. Test Well		(only add totals to last page)	ils to last pac

3rd Quarter: Juli 1 - Sep 30 4th Quarter: Oct 1 - Dec 31 Quarters 1st Quarter: Jan 1 - Mar 31 2nd Quarter: Apr 1 - Jun 30

S - Sealing

A - Alteration

Permit Type N - New Construction

Page of h

HEA 5436 (REV 06/2011) Ohio Department of Health

OHIO DEPARTMENT OF HEALTH PERMIT TRANSMITTAL FOR PRIVATE WATER SYSTEMS

Fees submitted for the Private Water Systems Program by the Board of Health as per Sections 3701.344, 3701.347, and 1521.05 of the Revised Code and Section 3701-28-06 of the Administrative Code. Fees and forms must be submitted as required in section 3709.092 of the Revised Code.

ilio Departi	nent of h	ealth S	tato Fee	NO	Per	enits
Vumber	An	iount	Antonio (1900)			Type
O	х	\$	74.00		. N	lew Installation Permits
	×	***************************************	0.00	000000000000000000000000000000000000000	ĪĀ	iteration Permits
;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	X	*************	0.00		IS	ealing Permits
	\$,		otal ODH State Fee amount accompanying this eport
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///V LZDQUU		S Served	ĽHD		mitted	Турө
00000000000000000000000000000000000000	Tota Coli	ected	Retained	: OUN	R Amt	3 7 8 9 6 6
Number 			Retained x \$ 2.00	x \$1		New Installation Permits requiring a well log

Return two (2) copies of each form and a check payable to the:

TREASURER, STATE OF OHIO

OHIO DEPARTMENT OF HEALTH ACCOUNTS RECEIVABLE UNIT P.O. BOX 15278 COLUMBUS, OH 43215

*Fees, tranmittals, and reports must be submitted as follows:

were issued.

Date From:

For fees collected from: <u>January 1 through March 31</u> must be submitted by no later than May 15

April 1 through June 30 must be submitted by no later than August 15 July 1 through September 30 must be submitted by no later than November 15 October 1 through December 31 must be submitted by no later than February 15

Date To: 9/30/14

≠If state fees are not collected or permits are not issued during the above referenced quarterly time periods, transmittals and reports must still be submitted by the above referenced submittal date.

HEA \$435 (REV 06/2011) Ohlo Department of Health

OHIO DEPARTMENT OF HEALTH PERMIT TRANSMITTAL FOR PRIVATE WATER SYSTEMS

Fees submitted for the Private Water Systems Program by the Board of Health as per Sections 3701.344, 3701.347, and 1521.05 of the Revised Code and Section 3701-28-06 of the Administrative Code. Fees and forms must be submitted as required in section 3709.092 of the Revised Code.

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Name of Health District:	Meigs	County	
Secretarions		000000000000000000000000000000000000000	www.www.mar.noo.oo.oo.oo.oo.oo.oo.oo.oo.oo.oo.oo.oo
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Ohio Department of Health State Fee

Number	Amount	Type 🛆	
2	x \$ 74.00	New Installation Permits	
	x \$ 0.00	Alteration Permits	Ň
***************************************	x \$ 0.00	Sealing Permits	
**************************************	s 2,10 g	Total ODH State Fee amount accompanying this	
	* / <i>*T0</i> /	report	

Ohio Department of Natural Resources State Fee

***************************************	Number		Total Amt Collected	LHD Retained		Submitted ODNR Amt	Туре
2000000	,3	x	\$ 20.00	x \$2.00	Х	\$ 18.00	New Installation Permits requiring a well log
8	200000000000000000000000000000000000000	\$	40,22	<b>\$</b> 4,22	\$	36. C	Total ODNR State Fee amount accompanying this report

This is to certify that the private water systems listed on the attached permit report and summarized above have been issued in accordance with Chapter 3701-28 of the Ohio Administrative Code and that permits were issued.

Date From:

State Of Ohio

OHIO DEPARTMENT OF HEALTH

Receipt #: 00508592

GENERAL RECEIPT

Batch #: 15-4417

Received For: MEIGS COUNTY HEALTH DEPARTMENT

Date Received: 2/5/2015

From: MEIGS COUNTY AUDITOR

Amount: \$148.00

Check #: 306833

For: PRIVATE WATER SYSTEMS

Received By: Sandra Lewis

^{*}If state fees are not collected or permits are not issued during the above referenced quarterly time periods, transmittals and reports must still be submitted by the above referenced submittal date.

# OHIO DEPARTMENT OF HEALTH PRIVATE WATER SYSTEMS PERMIT REPORT

Name of Health District	Name of Health District  パルンダミ しついれた	Jun 1	Permits Issued	Permit Year Qu	Quarter	
Contact Pers	Steve Suntzel	<u>Phone#</u> 740 444 428/	Date From / / / / / / / / / / / / / / / / / / /	Date To	131/14 	000000000000000000000000000000000000000
Audit Number	System Owner	System Address (Include street number, street name, direction, city, zip)	ion, Source Permit Code Type	Private Water Systems Contractor Name	\$74.00)	ODNR Amount (\$18.00)
51 2937	5) 8987 John Brubaker	1025 - 2040 040 24 16664 post openal 16664	**		€9	<b>59</b>
5/8988	5/8988 Nova Cash	044.54 9,919 Juny 129 2026	\	27 27 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	\$ 7	\$
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Source Code 1. Well 2. Spring 7. Combination of sy	3. Pond		induding a well	TOTALS:	*  }  S	148 \$ 36

HEA 5436 (REV 06/2011) Ohio Department of Health

Permit Type N - New Construction

A - Alteration

S - Sealing

2nd Quarter: Apr 1 - Jun 30 1st Quarter: Jan 1 - Mar 31

3rd Quarter: Jul 1 - Sep 30 4th Quarter: Oct 1 - Dec 31

Page ____ of /_

Quarters

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